

**REQUEST FOR INFORMATION**  
**PRISONER HEALTH CARE**  
November 2007

**SECTION I – BACKGROUND**

**I-A    PURPOSE**

The purpose of this Request for Information (RFI) is to obtain information from health care delivery systems for the Michigan Department of Corrections (MDOC) prisoner health care delivery system. MDOC contracts mental health services including; inpatient services, crisis stabilization program, residential treatment program, and outpatient mental health services. MDOC utilizes civil servants for all health care positions except primary care practitioners and on-site or off-site specialty care providers.

The MDOC is redesigning the prisoner health care delivery system in partnership with vendors that will provide medically necessary health care to an estimated 50,000 prisoners with the focus on continually improving quality of care, accessibility, and cost effectiveness.

**I-B    ISSUING OFFICE**

This RFI is issued by the Michigan Department of Corrections.

All communications concerning this request must be addressed to:

**Lia Gulick, Manager Financial Services**  
MDOC, Bureau of Fiscal Management  
Grandview Plaza  
Phone: 517-241-9902  
Email: [gulickll@michigan.gov](mailto:gulickll@michigan.gov)

**I-C    COST LIABILITY**

The State of Michigan assumes no responsibility or liability for costs incurred by the Vendor from this RFI and any subsequent Request for Proposal (RFP).

**I-D    DISCLOSURE**

All information in a Vendor's response and any Contract resulting from this RFI is subject to the provisions of the Freedom of Information Act, 1976 Public Act No. 442, as amended, MCL 15.231, *et seq.*

## **I-E NON INFRINGEMENT/COMPLIANCE WITH LAWS**

The Vendor warrants that in performing the services called for by this RFI it will not violate any applicable law, rule, or regulation, any contracts with third parties, or any intellectual rights of any third party, including but not limited to, any United States patent, trademark, copyright, or trade secret.

## **SECTION II – WORK STATEMENT**

### **II-A PROGRAM OVERVIEW**

#### **1. GENERAL**

The Michigan Department of Corrections arranges and administers medically necessary health care to an average of 50,000 prisoners annually at 41 prisons and 9 camps and centers, including a 112 bed inpatient unit in Jackson.

The State of Michigan is requesting written information from vendors who are interested in providing high-quality medically necessary care, and maintaining continuity of health care for prisoners in a cost effective manner. This includes, but is not limited to:

- A. Provision of primary care and preventive services.
- B. Provision of public health services as required by legal and other mandates.
- C. Provision of treatment for chronic conditions to reduce unplanned episodes of care: specifically unplanned emergency services.
- D. Provision of specialty care at correctional facilities whenever possible, through the use of on site clinics and telemedicine.
- E. Provision of continuity of care to reduce preventable hospitalization of prisoners.
- F. Operation of a health care delivery system that enables MDOC to control and predict the cost of prisoner healthcare.

#### **2. TASKS**

##### **A. *Delivery Model***

- 1) Please describe your proposed delivery model, ensuring medically necessary care is provided to prisoners throughout the state. The proposed delivery model needs to include coverage for both on-site and off-site services ensuring continuity of care for prisoners transferring to different areas in the state.
  - i. If your delivery model includes regions, explain how you would divide the state.

- ii. If your delivery model is by service module, explain how you would divide up the services.
- iii. If you would choose a delivery model other than the two listed above, explain how coverage will be provided.
- iv. Explain how the service level will be monitored.
- v. If applicable, provide examples of contracts you have using your recommended delivery model, and how the model is working for both parties.

**B. *On- Site Primary Care***

- 1) On-site primary care providers include: family practice, emergency medicine, general practice, or internal medicine physicians, with provisions for additional primary care providers that are physician specialists, nurse practitioners, or physician assistants. Mid level providers practice under the supervision of a fully licensed physician. On site primary care includes sick call visits for preventive, chronic, and acute care.
  - i. Describe how you would propose to recruit, fully staff, and supervise on-site primary care providers. Include in your discussion coverage hours, and how coverage would be achieved.
  - ii. Describe what your provider productivity standards are, and how you would ensure compliance to these standards.
  - iii. Describe concerns or requirements you would have for MDOC provided on-site services (e.g. nursing, scheduling, etc.)

**C. *Specialty Provider Network***

- 1) Describe how you would maintain a network of hospitals, specialists, and consultants necessary to meet the service needs of the MDOC prisoners. In addition to improving access to evidence-based care, continually improving quality and controlling costs, delivery of specialty services to prisoners requires some specific provisions including:
  - i. The network must include hospitals that are within close proximity to MDOC facilities and meet the specific needs of the prisoner.
  - ii. The network for emergency/urgent care services must be able to provide ambulance services, emergency room services, and urgent care services.
  - iii. The network of specialists must include the ability to provide diagnostic testing services, including interpretation of outpatient diagnostic tests, radiographs, and labs.

- iv. MDOC facilities are equipped with telemedicine equipment. Elaborate on how you would propose to maximize the use of telemedicine to decrease the security risk to the community and decrease transportation costs. Include information you would need to adequately assess the capabilities of the telemedicine program. Identify any other concerns you would have related to telemedicine use.
  - v. The MDOC currently has a dialysis unit at Ryan Correctional Facility in Detroit, MI. Describe how you would propose to handle prisoners needing dialysis services.
  - vi. MDOC currently provides mental health services to seriously mentally ill prisoners through contracted services with Michigan Department of Community Health (DCH). Please describe how you would coordinate care between your specialty providers and the identified mental health providers or identify any issues you have with this approach.
- 2) Courier Service for transporting x-ray images, samples and diagnostic data is needed for MDOC facilities. Propose how you would provide a courier service.

#### D. *Pharmacy*

- 1) The MDOC currently has a contract for the acquisition and delivery of pharmaceuticals to MDOC facilities. Please describe in your proposal how you would either utilize this contract or how you would propose to acquire and deliver pharmaceuticals to MDOC facilities. As part of this proposal specific areas need to be addressed.
  - i. Delivery to MDOC Facilities
  - ii. Packaging: MDOC requires blister cards for all solid medications
  - iii. Acquisition method
  - iv. Formulary usage, with a mechanism for non formulary requests
  - v. Returned medication process
  - vi. Cost containment strategies

#### E. *Utilization Management*

- 1) Describe your utilization management processes. The process needs to ensure timely access to medically necessary care in a cost effective manner. The following should be addressed as a minimum:
  - i. Evidence based diagnostic and treatment pathways
  - ii. Pre-authorization process

- iii. Provider prescribing practices
  - iv. Quality Assurance Performance Improvement Plan
  - v. Data and metric requirements
- 2) Include in your proposal how you would address timely access to specialty care, including a plan to address waiting lists should they occur.

F. *Third Party Review*

- 1) The MDOC will be contracting with a third-party review organization (external to the MDOC and the vendor delivering care). The reviewer will be responsible for ensuring the medical care delivered to prisoners was provided in a timely, cost efficient manner and meets the constitutional mandates of adequate care. Describe how you would interact with a third party reviewer to ensure these functions are properly performed.

G. *Electronic Medical Record*

- 1) The MDOC has an electronic medical record. It is expected that on-site, off-site, and provider networks will utilize and document treatment/encounters in the electronic medical record. Please describe what information you would need to know in order for your health care providers to access the record, and what process you would use to ensure all information is included in the record. If you have alternative suggestions for the electronic medical record, include them in your response.

H. *Compensation Structure*

- 1) Describe your compensation structure and how you would expect to be paid for services. Items to consider include:
- i. Risk share models ( should there be risk bands, if so, please describe)
  - ii. Capitation models
  - iii. Fee for Service
  - iv. Service Level Agreements
  - v. Liquidated Damages)
  - vi. Reconciliation of mid-month prisoner transfers
  - vii. Other pricing models that may work with the proposed delivery model, including examples.

I. *Actuary Services and Data*

- 1) Describe what information you would need to review from our actuary, in order to accurately project your costs and rate structure when bidding on a contract. Include specifically what items would be necessary to properly evaluate the data and the assumptions made.

J. *Appendix Data*

- 1) Include in your proposal what type of data you would need to review to project expenditures and determine the appropriate service delivery needs.

K. *Service Level Agreements*

- 1) The most recent managed care RFP included 15 service level agreements. Please comment on your assessment of these agreements. Include areas of agreement, areas of concern, and proposed options for future service level agreements/liquidating damages. The service level agreements from the RFP are attached for your review and comments.

L. *Data Management*

- 1) Describe what your data management system would look like. This includes but is not limited to:
  - i. The type of system information you would need from the MDOC.
  - ii. The required data format.
  - iii. The reporting capabilities of your data management system.

M. *Transition/Startup*

- 1) Describe your proposed transition/startup plan including a detailed timeline for essential functions.

N. *Financial Stability*

- 1) Given the size and scope of the proposed health care delivery system, MDOC desires assurances of financial viability from selected health care vendors.
- 2) Do you feel using the regulated HMO model is the best approach? Describe your reasoning.
- 3) Please comment on how your proposed health care delivery model can demonstrate financial stability and viability along with ensuring a standard of care for its patients while enabling cost savings to the MDOC.

O. *Additional Information*

- 1) Is there additional pertinent information you would like to provide not covered in the sections listed above?

3. QUALIFICATIONS

Vendor responses shall specify prior experience, which you consider relevant to your ability to successfully manage a contract for the service defined by

this RFI. Include details of similar projects, and specify any areas of notable expertise.

### **SECTION III – SUBMISSION INFORMATION**

#### **III-A QUESTIONS**

Additional Questions concerning the specifications contained herein are to be submitted in writing, no later than **3:00 P.M. EST on 12-04-2007** to:

**Lia Gulick, Manager Financial Services**  
MDOC, Bureau of Fiscal Management  
Email: [gulickll@michigan.gov](mailto:gulickll@michigan.gov)

All questions are to be put in writing and must be **submitted electronically** and sent as an attachment in MS Word 97 or Rich Text Format (RTF). Answers to questions will be emailed to all potential vendors in the original email announcement as an official addendum. The addendum officially revises and supercedes the original specifications, terms and conditions. The addendums will be emailed as the questions are answered, with the last addendum emailed on approximately 12-7-2007. The State may not be able to answer questions received after 3:00 P.M. EST on 12-04-2007. The questions and answers will also be posted on the web site.

#### **III-B INFORMATIONAL MEETING**

An informational meeting is scheduled for November 29, 2007 in Lansing, Michigan. The meeting location will be sent via email by November 26, 2007. The meeting will include a presentation of the MDOC's program related to health care delivery to prisoners, a presentation of national trends in correctional health care and a question and answer session. Please RSVP to Lia Gulick at [gulickll@michigan.gov](mailto:gulickll@michigan.gov) no later than Wednesday, November 21, 2007.

#### **III-C ORAL PRESENTATION**

Some vendors may be invited back for individual oral presentations. Presentations will be scheduled after receipt and review of written proposals. The tentative dates for oral presentations are January 7-11, 2007.

#### **III-D ECONOMY OF PREPARATION**

Each proposal should be prepared simply and economically, providing a straightforward, concise description of the Vendor's recommendations to meet the needs of the RFI.

## **SECTION IV – INFORMATION REQUIRED FROM VENDORS**

The vendor's recommendations are to be submitted in the format outlined below. There should be no attachments, enclosures, or exhibits other than those considered by the vendor to be essential to a complete understanding of the proposal submitted.

### **IV-A BUSINESS ORGANIZATION**

State the full name and address of your organization and, if applicable, the branch office or other subordinate element that will perform, or assist in performing, the work hereunder.

### **IV-B PROPOSAL CONTENTS**

The Michigan Department of Corrections is requesting proposals from interested Vendors that shall include the following:

- State whether all Tasks and Limitations in Section II-B Part 2 are included.
- Vendor Qualifications and Experience
- List additional comments and ideas

### **IV-C VENDOR'S CONTACT**

Include the name, telephone number, and email address of the person(s) in your organization who will serve as the authorized contact person.

### **IV-D PROPOSAL SUBMITTAL**

Vendor proposals shall be **submitted electronically** in a Word and/or Excel Format. All documents and data must be created using tools that are compatible with the Microsoft Office Suite 97 standard desktop tools, without need for conversion.

**Michigan Department of Corrections, Bureau of Fiscal Management must receive your response no later than 3:00 PM EST on 12-14-2007.**

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 1**

**Service Name:** Primary Care Practitioners (PCP) Staffing Levels and Vacancies

**Applicable Service Delivery Points** Provision of Primary Care Services at each Correctional Health Facility

**Performance Category:** The Contractor will maintain a PCP staffing level of at least one PCP FTE equivalent per 750 prisoners and comply with MDOC, NCQA and NCCHC Standards.

There shall be minimum coverage one FTE equivalent PCP per 750 prisoners. For facilities with less than 750 prisoners there shall be minimum coverage of one full time PCP.

**Performance Measure Description:** Contractor PCP will be held to minimal staffing level standards and departmental and national quality standards.

**Who:** Contractor

**Frequency:** Measure will be done at least quarterly, and if indicators warrant the interval may be changed at the State's determination to Monthly or Weekly.

**How Measured:**

It shall be the Contractor's final responsibility to fill all positions. Failure by the Contractor to fill these positions with permanent employees within 30 calendar days after the position has become vacant, shall require the Contractor to notify the MDOC Contract Compliance Inspector of the ongoing vacancy, provide on-going evidence of the steps being taken to fill it, detailed interim plans for covering 80% of the vacancy hours commencing immediately upon the position becoming vacant, and an anticipated target date for successful recruitment into the position.

Failure by the Contractor to fill a given position with a permanent employee for more than 60 calendar days shall result in the MDOC filling the position with locum tenens. The daily performance credit will continue to be applied until the Contractor finds a permanent replacement.

Contractor may with prior written approval from MDOC, fill positions with lower or higher practice level providers without penalty provided the providers are not asked to operate outside of their scope of practice to cover a single shift.

PCP's are required to utilize the MDOC automated time system to document the days and hours of clinical coverage.

**Reports:** Monthly Report of Clinical Coverage by Facility for each Region

**Performance Credit**

- If the Contractor fails to maintain staffing levels with properly credentialed PCP's, the State shall assess a performance credit of \$2,000 per vacancy per day for each day after 30 calendar days that the position is not filled. The daily performance credit continues when the MDOC fills vacancies with locum tenens until the vacancy is filled with a permanent person by the contractor.
- Failure by the Contractor to cover a shift shall result in a performance credit of \$1,600 for each uncovered shift or prorated portion thereof.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 2**

**Service Name:** Outpatient Laboratory Services

**Applicable Service Delivery Points:** The lab procedures will be performed at the lab with delivery to the nursing station at the correctional facility that ordered the lab. If after normal working hours and critical value result the lab must be called to the PCP at Duane Waters Health Center

**Performance Category:**

- Stat lab results must be picked up within one (1) hour and results must be processed within two (2) hours, therefore, results must be returned within three (3) hours of time of order.
- When panic values are discovered, the results must be called to the nurse station at the facility ordering the lab within two (2) hours.
- For routine labs the results shall be reported the next business day to the nurse station at the correctional facility ordering the lab.
- Special lab results shall be reported within the next business day, upon completion of the result.

All lab results shall be transmitted electronically via the MDOC Electronic Medical Record (EMR) within the same timeframes as the lab results.

**Performance Measure Description:** Delivery Time

**Formula:** N/A

**Who:** Contractor

**Frequency:** Continuous

**How Measured:** Auditing of lab results and logs.

**Reports:** Log for critical values and log for specimen received.

**Performance Credit:**

- For each late result, there will be a performance credit of \$200 for the first day of delay in reporting the lab, with an additional \$100 per day for every day thereafter.
- Panic values will be assessed a performance credit of \$500 the first hour with an additional \$250 for each hour thereafter for delays in lab result reporting.
- Failure to document lab results in the MDOC EMR will be assessed a performance credit for each result not documented of \$200 for the first day of the delay with an additional \$100 for each additional day the result was not documented in the EMR.

For purposes of this SLA, multiple tests ordered on a single lab collection will be counted as a single result.

**Article 1, Attachment F**  
Service Level Agreement

**SLA #:** 3

**Service Name:** Required Reports

**Applicable Service Delivery Points:** Contract Compliance Inspector/designee

**Performance Category:** See Appendix A for a list of required reports

**Performance Measure Description:** See Appendix A for the report due dates

**Formula:** N/A

**Who:** Contractor

**Frequency:** See Appendix A for report frequency

**How Measured:** By due date

**Reports:** N/A

**Performance Credit:**

- The performance credit for late submission of reports is \$100 for the first business day the report is late, per report with an additional \$50 per day for any additional business day the report is late.
- The performance credit for late submission of encounter data and financial and claims data reporting is \$500 for the first business day the data is late, with an additional \$100 for each additional business day the data is late (excluding State holidays).

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 4**

**Service Name:** Timeliness of On Site Services.

**Applicable Service Delivery Points:** PCP visits at correctional health care facilities.

**Performance Category:** Timeliness of health care visits

**Performance Measure Description:**

- Each sick call request outstanding more than five (5) business days
- Each chronic care visit outstanding more than five (5) business days from the requested follow-up date.
- Each emergent request outstanding more than one (1) hour.
- Each urgent request outstanding more than two (2) business days
- Each institutional transfer screening outstanding more than five (5) business days of the MDOC nurse referral.

For each instance of urgent or emergent care requests the urgency will be determined by the senior nursing staff at the correctional facility.

**Formula:** N/A

**Who:** Michigan Department of Corrections

**Frequency:** Continuous

**How Measured:** Documentation in the Electronic Medical Record, sick call logs, and prisoner grievances.

**Reports:** Outlier reports from the Electronic Medical Record

**Performance Credit:** There will be a \$75 performance credit for each outstanding request/visit as identified above for each instance greater than five (5) instances per facility per month or more than thirty (30) per month in aggregate for the region.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #:** 5

**Service Name:** Provider Network

**Applicable Service Delivery Points:** Telemedicine sites, clinics off and on site, hospitals, and other health care facilities.

**Performance Category:** Timeliness and adequacy of consultation services.

**Performance Measure Description:** Specialty care to be delivered at the facility housing the prisoner or via telemedicine whenever possible.

- Initial specialist consult is to occur within the timeframe specified by the PCP.
- Urgent specialty consults are to be seen within five (5) business days unless the PCP indicates a shorter timeframe.
- All follow-up consultations need to be completed within the time specified by the PCP.
- All non urgent specialty consults that do not occur within 120% of the timeframe specified by the PCP need immediate reevaluation by the PCP.
- All urgent specialty consults not seen within the five (5) business days need immediate reevaluation by the PCP.
- Documentation of the initial and follow-up specialty consult shall be in the MDOC Electronic Medical Record (EMR) within five (5) business days of completion for routine consults.
- For urgent consults documentation shall be entered in the EMR by the close of business on the same business day as the consult occurred.

**Formula:** N/A

**Who:** Contractor/MDOC

**Frequency:** Daily

**How Measured:** Documentation in the EMR, auditing of consultation schedule, and telemed scheduling log.

**Reports:** Outlier reports from the EMR, scheduling logs

**Performance Credit:** For delays in specialty care a performance credit of \$200 per consult missed with a daily charge of \$25 for each additional day the consult is overdue. Performance credits may be waived at the discretion of MDOC on a case by case basis.

**Article 1, Attachment F**  
Service Level Agreement

**SLA #:** 6

**Service Name:** Electronic Medical Record (EMR)

**Applicable Service Delivery Points:** Health Care facilities

**Performance Category:** Percent of EMR utilization

**Performance Measure Description:** Encounter data from EMR

**Formula:**  $(X \text{ EMR encounters} / Y \text{ total encounters}) * 100$

**Who:** MDOC

**Frequency:** Monthly

**How Measured:** Monthly encounter data and monthly billing data

**Reports:** Encounter data and billing reports

**Performance Credit:**

- The MDOC goal is 100% documentation compliance in the EMR. However, MDOC recognizes the need to make end of the month and emergency entries. Therefore, the threshold is 95% compliance.
- Failure to meet threshold shall result in a performance credit of \$5,000 for the first month.
- After three (3) consecutive months of non performance the monthly performance credit increases to \$10,000.

**Article 1, Attachment F**  
Service Level Agreement

**SLA #: 7**

**Service Name:** PCP Intake Screening Delays

**Applicable Service Delivery Points:** Intake Facilities

**Performance Category:**

- The PCP intake screening occurs within five (5) business days after prisoner intake screening by MDOC nursing staff.
- The PCP is responsible for renewing medications that arrive with prisoners at intake by 7:00 p.m. on the date of arrival at intake. Notification of the need to renew medications will be provided by 5:00 p.m. by MDOC nursing staff.

**Performance Measure Description:**

- Days elapsed from intake screening by MDOC staff to PCP Intake Screening
- Entry into the facility for renewal of current prescriptions.

**Formula:** N/A

**Who:** MDOC

**Frequency:** Monthly

**How Measured:** Electronic Medical Record (EMR) and Intake Screening Log

**Reports:** Outlier report in EMR

**Performance Credit:**

- For delays in PCP intake screening, penalties will be assessed in the amount of \$200 per prisoner per day for screenings not completed within five (5) business days from the date the nurses screening was completed.
- As part of the screening process the PCP must renew current prescriptions for prisoners arriving with medications. Failure to renew the current prescriptions after receiving notification by nursing staff by 7pm on the date of intake shall result in a \$500 per prisoner per day penalty.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 8**

**Service Name:** Nephrology

**Delivery Points:** Provision of Nephrology Specialist and General Medical Care to MDOC prisoners with end-stage renal disease (ESRD).

**Performance Category:** Medical Service Provision, special prisoner population

**Performance Measure Category:** Process and Outcome

**Performance Measure Description:** The nephrologist will conduct and document evaluation of each prisoner with ESRD at least monthly. Documentation will minimally include vital signs, general condition, review of pertinent laboratory studies, KT/V (medical standard for determining length of dialysis time) assessment, fistula/port site condition, and other clinically relevant data. The nephrologist will be responsible for the adjustment of dwell times, correction of electrolyte abnormalities, and adjustment of prisoner medications for blood pressure, diabetes, infection management, lipid management, and other functions consistent with nephrology specialty care as clinically indicated.

The attending internal medicine physician will also document the other chronic care conditions of the prisoner in accordance with MDOC guidelines for frequency of evaluation based on control of the secondary disease. Additionally, the attending internal medicine physician will document and address sick call issues of ESRD prisoners within the relevant standards given elsewhere in this proposal. Additionally, the attending internal medicine physician will be responsible to formally carry out the MDOC policy for each prisoner who refuses dialysis.

**Who:** MDOC RMO

**Frequency:** Monthly

**How Measured:** Chart audit performed by the MDOC RMO.

**Reports:** Chart review reports submitted by the MDOC RMO

**Performance Credit:**

- Failure by the Contractor to perform any of the actions required above will result in a \$10 performance credit for each violation of failure to document any element of documentation above, with an aggregate maximum of \$50 per prisoner per visit.
- Additionally, there will be a \$100 performance credit for each prisoner whose nephrologists visit is not documented by the last day of the same month, each month, in the electronic medical record.
- Prisoners who are not available to be seen at a regularly scheduled clinic during the last week of the month due to court appointments, family visits, and similar unavoidable schedule conflicts will not cause the Contractor to incur a performance credit.
- Prisoners who refuse dialysis, in which MDOC policy and procedures are not followed by the Contractor for obtaining the release of responsibility within two (2) business days, will cause the Contractor to be levied a \$150 performance credit for each occurrence.

**Article 1, Attachment F**  
Service Level Agreement

**SLA #:** 9

**Service Name:** Comprehensive Care of Prisoners with Chronic Pain

**Applicable Service Delivery Points** MDOC Correctional Facilities and Duane Waters Health Center

**Performance Category:**

- Use of nonsteroidal anti-inflammatories, Tylenol up to four (4) grams daily, and Elavil up to 150 milligrams nightly
- Referral to Pain Management Committee with appropriate forms filled out completely
- Separate prescription for 10 days duration in prisoners who are to receive non-formulary analgesic medications

**Performance Measure Description:** Prisoners with pain syndromes that exist longer than three (3) months greater than the expected healing time without pain related to cancer and without contraindications to the medications above. Contraindications to one (1) medicine does not exempt measurement of use of others medications listed

**Formula:** N/A

**Who:** MDOC RMO

**Frequency :** On Going

**How Measured:** Chart reviews by Regional Medical Officer (RMO)

**Reports:** Chart review report submitted by the RMO

**Performance Credit:** A performance credit of \$50 will be assessed for every prisoner file omission found during RMO chart reviews.

**Article 1, Attachment F**  
Service Level Agreement

**SLA #:** 10

**Service Name:** Compliance of Health Monitoring of Segregation Prisoners

**Applicable Service Delivery Points:** Correctional Facility Segregation Units

**Performance Category:**

- PCP evaluation of Segregated Prisoners at least monthly
- Bi-monthly rounds in segregation units

**Performance Measure Description:** Prisoners housed in segregation units greater than 30 calendar days, regardless of medical status must be evaluated monthly. PCP rounds are required in segregation units bi-monthly. Documentation of rounds and evaluation is in the EMR

**Formula:** N/A

**Who:** MDOC

**Frequency:** On Going

**How Measured:** Review of EMR and segregation log book documentation

**Reports:** N/A

**Performance Credit:**

- There will be a performance credit of \$50 per prisoner per incident of not make required bi-monthly rounds with an additional \$10 per prisoner per day until the rounds are made.
- Failure to evaluation segregation prisoners in units for more than 30 calendar days shall result in \$50 performance credit.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #:** 11

**Service Name:** Management of persons with Seizure Disorder

**Applicable Service Delivery Points:** MDOC Correctional Facilities

**Performance Category:**

- Appropriate classification of disease control (good/fair/poor) at all chronic care visits within the measurement year, with follow-up by MDOC guidelines
- Monitoring of medication levels for applicable anticonvulsant drugs, including Phenytoin, Valproic acid, Carbamazepine, and Phenobarbital at least every six (6) months.
- Low Bunk accommodation order

**Performance Measure Description:** Prisoners with confirmed Seizure Disorders

**Formula:** N/A

**Who:** MDOC

**Frequency:** On Going

**How Measured:** Chart Reviews performed by RMO

**Reports:** RMO chart review reports

**Performance Credit:**

- There will be a \$25 per prisoner performance credit for every episode of non-compliance to the performance categories as reported by the RMO chart review reports.
- If non-compliance is not corrected before the next chart review or within 30 calendar days the penalty is increased to \$50 per prisoner.
- Continued non compliance greater than 30 calendar days will require a corrective action plan to be submitted within 45 calendar days of first documented non compliance.
- Failure to submit a corrective action plan within the above timeframe will result in a penalty of \$1,000.

**Article 1, Attachment F**  
Service Level Agreement

**SLA #:** 12

**Service Name:** Management of Persons with HIV

**Applicable Service Delivery Points:** MDOC Correctional Facilities

**Performance Category:**

- Documentation of prisoner self-reported adherence to medication regimen
- Appropriate classification of disease control (good/fair/poor) at all chronic care visits within the measurement year with follow-up by MDOC guidelines
- Prophylaxis against Mycobacterium Avium Complex for prisoners with CD4 counts <50. Generally, clarithromycin or azithromycin are used.
- Prophylaxis against Pneumocystis Carinii Pneumonia for prisoners with CD4 counts < 200. Generally, Trimethoprim – Sulfamethoxazole is used.

**Performance Measure Description:** Eligibility: Prisoners with HIV infection

**Formula:** N/A

**Who:** MDOC RMO

**Frequency:** On Going

**How Measured:** RMO Chart Reviews

**Reports:** RMO Chart Review reports

**Performance Credit:**

- There will be a \$50 per prisoner performance credit for each episode of non-compliance identified by the RMO Chart Review Report.
- If non-compliance is not corrected before the next chart review or within 30 calendar days the penalty is increased to \$50 per prisoner.
- Continued non-compliance greater than 30 calendar days will require a corrective action plan to be submitted within 45 calendar days of first documented non compliance.
- Failure to submit a corrective action plan within the above timeframe will result in a penalty of \$1,000.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 13**

**Service Name:** Preventive Care

**Applicable Service Delivery Points:** MDOC Correctional Facilities

**Performance Category:**

- Colorectal Cancer Screening
- Breast Cancer Screening
- Chlamydia Screening in Women on initial intake
- Prostrate cancer screening
- Drugs to be avoided in the elderly

**Performance Measure Description:** MDOC expects at a minimum 80% compliance. The performance standard is based on an aggregate of 80% in total in the above categories. Compliance at any level below 80% will require corrective action plans be submitted within 15 calendar days and updated on a quarterly basis for monitoring. The compliance will be reviewed by a third party after receipt of the annual HEDIS report.

Measure for Colorectal Cancer Screening: (One of Four listed below)

- Three-sample Fecal Occult Blood Testing within one year
- Flexible Sigmoidoscopy within four years
- Double-Contrast Barium Enema within four years
- Colonoscopy within nine years

Eligibility: Prisoners age 51-80 years-old without a history of total colectomy or colorectal cancer

Measure for Breast Cancer Screening:

- Mammogram within two years

Eligibility: Females age 42-69 years without a history of bilateral mastectomy

Measure for Chlamydia Screening:

- Chlamydia test result on record

Eligibility: Females age 16-25

Measure for Prostrate Cancer Screening:

- Digital rectal examination

Eligibility: Males over the age of 40

Measure for Drugs to Avoid in the Elderly:

- No prescriptions for drugs listed in the *Drugs to Avoid in the Elderly from Hedis technical specifications*

Eligibility: Prisoners age 65 and older

**Formula:** N/A

**Who:** Independent Third Party Monitor and/or MDOC

**Frequency:** Annually upon submission of the HEDIS report

**How Measured:** Compliance determined in annual HEDIS Report

**Reports:** HEDIS Report

**Performance Credit:**

- There will be a progressive penalty assessment based on the percentage of compliance less than 80% in aggregate. The penalty breakouts are listed below:

75%-79%	\$2,500
70%-74%	\$5,000
65%-69%	\$7,500
Under 65%	\$10,000
- When compliance is less than 80% a corrective action plan will be developed by the contract which includes measures to get into compliance and a detailed timeline of when compliance will be achieved. The action plan will be due no later than 15 calendar days from the date the penalty is assessed.
- Failure to complete the action plan will result in an additional penalty of \$5,000.
- If an acceptable plan is not received within 30 day additional sanctions may be assessed up to Contract cancellation.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 14**

**Service Name:** Acute Care

**Applicable Service Delivery Points:** MDOC Correctional Facilities

**Performance Category:**

- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
- Use of Imaging Studies for Low Back Pain
- Beta-Blocker Treatment after a Heart Attack

**Performance Measure Description:** MDOC expects at a minimum 80% compliance. The performance standard is based on an aggregate of 80% in total in the above categories. Compliance at any level below 80% will require corrective action plans be submitted within 15 calendar days and updated on a quarterly basis for monitoring. The compliance will be reviewed by a third party after receipt of the annual HEDIS report.

**Measure for:** Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

- No prescription for antibiotics for Acute Bronchitis

**Eligibility:** Prisoners with acute bronchitis within one year, without co-morbid conditions requiring antibiotics

**Measure for:** Inappropriate Imaging Studies for Low-Back Pain

- No radiographic imaging studies for six months from episode initial visit for low-yield Low-Back Pain

**Eligibility:** Prisoners ages 18-75 without any of the following:

- Unexplained weight loss
- immunosuppression
- fall greater than six feet
- motor vehicle accident with speed greater than 35 mph as a restrained vehicle occupant, or any speed as pedestrian or unrestrained vehicle occupant
- saddle anesthesia
- new onset bladder dysfunction
- fecal incontinence
- major motor weakness
- depressed reflex
- prisoners with progressive neurological examination findings other than complaint of pain
- low-back surgery within 12 weeks

**Measure for:** Beta-Blocker Treatment after Heart Attack

- Continuous Prescription for Beta-Blocker during the prior year or from diagnosis of heart attack if less than one year

**Eligibility:** Prisoners with a history of acute myocardial infarction without the following:

- Allergy to beta-blockers
- Asthma
- Hypotension
- 2<sup>nd</sup> or 3rd degree heart block
- Sinus bradycardia

**Formula:** N/A

**Who:** Independent Third Party and/or MDOC

**Frequency:** Annually upon submission of the HEDIS report

**How Measured:** Compliance determined in annual HEDIS Report

**Reports:** HEDIS Report

**Performance Credit:**

- There will be a progressive penalty assessment based on the percentage of compliance less than 80% in aggregate. The penalty breakouts are listed below:

75%-79%	\$2,500
70%-74%	\$5,000

65%-69%	\$7,500
Under 65%	\$10,000

- When compliance is less than 80% a corrective action plan will be developed by the contract which includes measures to get into compliance and a detailed timeline of when compliance will be achieved. The action plan will be due no later than 15 calendar days from the date the penalty is assessed.
- Failure to complete the action plan will result in an additional penalty of \$5,000.
- If an acceptable plan is not received within 30 calendar days additional sanctions may be assessed up to Contract cancellation.

**Article 1, Attachment F**  
**Service Level Agreement**

**SLA #: 15**

**Service Name:** Chronic Care

**Applicable Service Delivery Points:** MDOC Correctional Facilities

**Performance Category:**

- Controlling High Blood Pressure
- Cholesterol Management in Prisoners with Cardiovascular Disease
- Comprehensive Ischemic Vascular Disease Care
- Comprehensive Adult Diabetes Care
- Use of Appropriate Medications for People with Asthma
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD

**Performance Measure Description:** MDOC expects at a minimum 80% compliance. The performance standard is based on an aggregate of 80% in total in the above categories. Compliance at any level below 80% will require corrective action plans be submitted within 15 calendar days and updated on a quarterly basis for monitoring. The compliance will be reviewed by a third party after receipt of the annual HEDIS report.

**Measure for High Blood-Pressure:**

- Continuous prescription for anti-hypertensive medication within the measurement year
- Alteration of prescription at least every six months if not effective
- Correct assessment of disease control (good/fair/poor) within the measurement year at all chronic care visits with appropriate clinical monitoring follow-up by MDOC guidelines

**Eligibility:** Prisoners age 18-85 years old with a history of high blood pressure

**Measure for Cholesterol Management in Prisoners with Cardiovascular Disease:**

- Fractionated Cholesterol profile testing within the measurement year
- Correct assessment of disease control (good/fair/poor) within the measurement year with appropriate clinical follow-up by MDOC guidelines
- Continuous prescription of medication for those prisoners who have failed at least one trial of conservative treatment for six months

**Eligibility:** Prisoners age 17-85 with prisoners with a history of AMI, CABG, PCTA, Coronary Artery Disease, or Stroke

**Measure for Ischemic Vascular Disease Care:**

- Documentation of prisoner self-reported compliance with diet, exercise, and smoking cessation within the measurement year
- Prescription of Aspirin or other Anti-platelet therapy in prisoners with diagnosis Cardiovascular Conditions

**Eligibility:** Prisoners age 17-85 with prisoners with a history of AMI, CABG, PCTA, Coronary Artery Disease, or Stroke without contraindications to anti-platelet therapy, including but not limited to the following:

- Platelet count less than 50,000
- History of severe bleeding or bleeding dyscrasia
- Allergy to anti-platelet medications
- Severe anemia - with a Hgb less than 11

**Measure for Comprehensive Adult Diabetes Care:**

- HbA1c testing within the measurement year
- Appropriate classification of disease control (good/fair/poor) at all chronic care visits within the measurement year with follow-up by MDOC guidelines
- Foot examination with sensory testing within the measurement year
- Retinal examination within two years
- LDL-C testing within the measurement year
- ACE inhibitor, ARB therapy, or urine macroalbumin test within the measurement year. If macroalbumin test positive, microalbumin testing with chart review of result

- Documentation of smoking status and if a smoker, cessation education within the measurement year
- Blood Pressure Below 130/80 or evidence of progressive treatment of blood pressure through lifestyle education or, if failed lifestyle modification after six months, medication

Eligibility: Prisoners age 18-75 with diabetes (either insulin or non-insulin type) without the sole diagnosis of gestational diabetes

Measure for Use of Appropriate Medications for People with Asthma

- Continuous prescription of Inhaled Corticosteroids, or if not tolerated, Leukotriene inhibitors, Cromolyn, or Methylxanthines within the measurement year, or if new onset asthma, since diagnosis within the measurement year
- Appropriate classification of disease control (good/fair/poor) at all chronic care visits within the measurement year with follow-up by MDOC guidelines

Eligibility: Prisoners age 18-56 years with persistent asthma as defined by:

- One or more ED visits for asthma within the measurement year
- One or more inpatient hospitalizations with asthma as the principle diagnosis within the measurement year
- At least four unscheduled outpatient visits for asthma within the measurement year
- At least four asthma medication dispensing events within the measurement year
- Measure for Use of Spirometry Testing in the Assessment and Diagnosis of COPD:
- Spirometry testing within two years
- Evidence of review of results and clinical treatment adjustment as indicated

Eligibility: Prisoners older than 42 with a history of COPD, Emphysema, or Chronic Bronchitis

**Formula:** N/A

**Who:** MDOC RMO

**Frequency:** Annually upon submission of the HEDIS report

**How Measured:** Compliance determined in annual HEDIS Report

**Reports:** HEDIS Report

**Performance Credit:**

- There will be a progressive penalty assessment based on the percentage of compliance less than 80% in aggregate. The penalty breakouts are listed below:
 

75%-79%	\$2,500
70%-74%	\$5,000
65%-69%	\$7,500
Under 65%	\$10,000
- When compliance is less than 80% a corrective action plan will be developed by the contract which includes measures to get into compliance and a detailed timeline of when compliance will be achieved. The action plan will be due no later than 15 calendar days from the date the penalty is assessed.
- Failure to complete the action plan will result in an additional penalty of \$5,000.
- If an acceptable plan is not received within 30 day additional sanctions may be assessed up to Contract cancellation.